



State of Rhode Island Transportation Enhancement Program Project Application

Applicants should limit their submittal to this application form and the space provided. An additional 8½ x 11 inch sheet may be used to describe the purpose and need of the project. Please provide a locus map of the project area.

1. Name and Address (City, Town)

2. Point of Contact

(Include Title, Daytime Telephone, E-mail)

3. Project Title, Limits, and Description

- Project Title

- Project Limits

- Project Description
(Limit to one paragraph)

4. Enhancement Activity (See Brochure)

Circle all that apply.

1 2 3 4 5 6
7 8 9 10 11 12

5. Priority Number for this Project

Circle if you are applying for more consideration of more than one project.

1 2 3

6. Project Approach Please indicate if project can be implemented using municipal Departments or municipally managed consultants

- **Design/Oversight**

_____ City/Town _____ RIDOT

- **Construction:** (Only for projects less than \$100,000). Please indicate whether Town Forces may be utilized for construction with RIDOT Oversight.

_____ Yes _____ No

7. Future Maintenance List the responsible agency or group that will maintain the enhancements upon project completion.

8. Total Estimated Cost: \$ _____

9. Anticipated Source of Project Funds:

Total Estimated Cost: \$ _____

Local Matching Funds (not required) \$ _____

Local Matching Funds applied to: _____

10. Anticipated Project Coordination

Please answer each of the following to the best of your knowledge:

The site of the proposed project is owned by the:
City _____ State _____ Other _____

If "Other", list owner: _____

Is the proposed project within a State Highway Right-of-Way? Yes _____ No _____ If Yes, Name or Route Number _____

Are privately owned properties needed for construction? Yes _____ No _____

Will new or existing curb-cuts be required to access the enhancement? New _____ Existing _____ N/A _____

List all types of environmental permits anticipated as requirements to construct the enhancement? (e.g. CRMC, DEM, etc.)

Is there a concern about the need to evaluate or remove hazardous waste from the project area based on current or previous use? Yes _____ No _____

Do you anticipate any affect to existing drainage structures as a result of the project?
Yes _____ No _____

Is the project consistent with/support the goals of the applicable local comprehensive plans?
Yes _____ No _____

11. Project Purpose and Need

Applicants are encouraged to provide their response to this section in the space provided or no more than 1 additional 8½ x 11 sheet.

Please provide a brief statement describing the purpose and need for the proposed project.

Please explain the relationship of the proposed project to the Intermodal Transportation System and the significance of completing the proposed project. What quality of life improvements will be made as a result of the project?

12. Signature

Chief Elected Official or Agency Appointing Authority

**Chief Executive Officer
Non-Profit Organization (if applicable)**

13. Mailing Address and Technical Assistance

For technical assistance in the application process, you may contact Thomas J. Queenan at 222-4203 x 4239.

Please mail your completed application to the following address:

Rhode Island Department of Transportation
TEA-21 Transportation Enhancement Program
Intermodal Transportation Division, Room 372
Two Capitol Hill
Providence, RI 02903